

 **Pomperaug CHIROPRACTIC
AND HOLISTIC CENTER, PC**

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Southbury, CT 06488 (203) 264-3583

Acupuncture Consent Form

I _____ have been informed of my treatment options. I may choose to accept or reject any specific treatment. I understand that during my treatment (s) I may receive any or all of the following:

1. Acupuncture which involves inserting fine, filliform needles into the skin to enhance the movement of qi in the meridians; this may cause bleeding or bruising.
2. Moxibustion which is the burning of mugwort (*Artemesia vulgaris*) leaves on or near the skin, or on or near acupuncture needles for the purpose of warming or moving qi, blood, phlegm or yang in the body; this may occasionally cause burning or blistering of the skin (first or second degree burn).
3. Cupping which is the use of glass or plastic cups with a suction action to remove blockages and move phlegm, blood or qi; this often causes bruising in the area of cupping.
4. Electrical stimulation of the needles; I should inform the practitioner if I have a pacemaker or any other implanted medical device as electrical stimulation may interfere with its actions.
5. Gua Sha massage to move qi and blood through the skin and muscles; this often causes bruising (ecchymosis) in the area.
6. Bleeding using a lance to enhance blood or qi movement; this will cause bleeding and may also cause local bruising or swelling
7. Herbal remedies to improve function and reduce disease; any oral medication may cause nausea and I should inform the practitioner of any medications, whether they are prescription or over the counter medications, before I receive herbal medication so as to limit any potential herb-drug interaction.
8. Dietary counseling to improve my health.

I _____ agree to have any or all of the above treatments. Any exceptions are noted below:

Signature _____ Date _____

Printed Name _____